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CONFIRMATION NO. 9100

<b>SERIAL NUMBER</b> 09/357,349	<b>FILING OR 371(c) DATE</b> 07/14/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 36813.3	
<b>APPLICANTS</b> STEFAN LEO JOZEF MASURE, BEERSE, BELGIUM; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/327,668 06/08/1999 ABN which is a CIP of 09/248,772 02/12/1999 ABN <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9815283.8 07/14/1998 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/11/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> BELGIUM	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 35893					
<b>TITLE</b> NEUROTROPHIC GROWTH FACTOR					
<b>FILING FEE RECEIVED</b> 1972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		